

APPLICANT

Date _____

**Mr. Don Ashton
Deputy Executive Officer
Los Angeles County Board of Supervisors
Room 383, Kenneth Hahn
Hall of Administration
500 West Temple Street
Los Angeles, California 90012**

Dear Mr. Ashton:

**PROJECT
NO/CUP NO.:** _____

APPLICANT: _____

LOCATION: _____

**Zoned
District**

Related zoning matters:

CUP(s) or VARIANCE No. _____

Change of Zone Case No. _____

Other _____

This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check (or money order) and personal identification prior to the appeal deadline at 5:00 p.m., at the above address. Contact the Zoning section of the Board of Supervisors for information: (213) 974-1426

This is to appeal: (Check one)

_____ **The Denial of this request \$6,768.00* OR**

2 or less conditions of the Project to be listed below: \$789.00*

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***For Subdivisions \$260.00 of this amount is to cover the cost of the hearing by the Board of Supervisors**

Briefly, explain the reason for this appeal is as follows (attach additional information if necessary):

x

(Signed)

Appellant

Print Name

Street Address

City/Zip

Day Time Telephone Number

Email address